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State/Territory Name: Washington

State Plan Amendment (SPA) #: 14-0031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, Washington 98104



Division of Medicaid & Children's Health Operations

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5010

2/20/2015

RE: Washington State Plan Amendment (SPA) Transmittal Number 14-0031-MM1

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS), Seattle Regional Office has completed our review of State Plan Amendment (SPA) Transmittal Number 14-0031-MM1. This transmittal amends Washington's State Plan to ensure that same-sex marriages use the same rules as those for opposite-sex marriages when determining eligibility for Medicaid programs not based on Modified Adjusted Gross Income (MAGI) methodologies. Further, the same criteria will be used for households with same-sex couples and opposite-sex couples when determining eligibility, using either MAGI or non-MAGI methodologies.

This SPA is approved effective October 1, 2014.

If you have any additional questions or require any further assistance, please me, or have your staff contact Maria Garza at (206) 615-2542 or maria.garza@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Frank A. Schneider.

Frank A. Schneider
Acting Associate Regional Administrator (Acting)
Division of Medicaid and Children's Health
Operations

cc:
Ann Myers, SPA Coordinator

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Washington

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

14-0031

Proposed Effective Date

10/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(e)(14)(G), 1902(a)(17)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$ 0.00
Second Year	2016	\$ 0.00

Subject of Amendment

Medicaid Eligibility - Marriage/Same Sex Marriage

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

☒ Other, as specified

Describe:

Exempt

Signature of State Agency Official

Submitted By:	Ann Myers
Last Revision Date:	Dec 19, 2014
Submit Date:	Dec 2, 2014



Medicaid Eligibility

State Name: Washington

Transmittal Number: WA - 14- 0031

OMB Control Number: 0938-1148

Medicaid Eligibility Marriage Policy

S12

1902(e)(14)(G)
1902(a)(17)

- ☒ With respect to individuals for whom the state must complete a determination of income either based on MAGI or for MAGI-excepted groups utilizing AFDC-related or SSI-related methodologies, the state:
- ☒ Recognizes same-sex couples as spouses, if they are legally married under the laws of the state, territory, or foreign jurisdiction in which the marriage was celebrated.
 - ☐ Does not recognize same-sex couples as spouses, even if they were legally married in a state, territory, or foreign jurisdiction that recognizes same-sex marriages.

☒ With respect to individuals whose eligibility for Medicaid is based on eligibility for another benefit program, and for whom the state does not complete a determination of income for Medicaid eligibility, the state will not make any determination concerning marital status. Medicaid eligibility will continue to be based on the determination of eligibility for the applicable benefits.

☒ The option elected above, with respect to income determinations, also governs the state's definition for post-eligibility issues, including spousal impoverishment, asset transfers and estate recovery rules, to the degree permitted by state law.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20141021

TN NO: 14-0031

Approved: 2/20/2015

Supersedes TN: N/A

Effective Date: October 1, 2014